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**VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM**  
**Provided by: Virginia Department of Social Services (VDSS)**  
**Now Administered by: Northern Virginia Community College (NVCC)**  
**(866) 636-1608 OR (703) 257-6579**  
**Email: [childcare.scholarship@nvcc.edu](mailto:childcare.scholarship@nvcc.edu)**  
**Web site: <http://www.dss.virginia.gov/family/cc/scholarship.html>**

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**PACKET CONTENTS**

This packet contains:

- (1) the forms and instructions needed to apply for a scholarship,
- (2) program eligibility information, and
- (3) directions on how to obtain additional program materials.

**The Application**

There are three parts to the application. To be considered for a scholarship, you must complete Parts 1 – 3 of the application. Below is an overview of the application.

- **Part 1 – General Information** The applicant completes Part 1. The applicant provides personal identifying and employment information, indicates selected courses and institutions, and signs a statement of understanding.
- **Part 2 – Verification of Selection of Courses, “Domicile” Residency, and Tuition Rate Category** The college or university completes Part 2. The college/university verifies course selection for all applicants, verifies “domicile” residency for applicants not employed in child care programs located in Virginia, and indicates tuition rate categories for contract and out-of-state “status” students.
- **Part 3 – Verification of Employment or Intent To Become Employed** The person who is verifying or certifying the applicant’s employment status completes Part 3. There are various ways to provide verification.

- (1) It is necessary that all relevant questions be answered and the Northern Virginia Community College receive the application during the established application period or postmarked no later than the last day of the application period. **NOTE: If the college does not complete Part 2 in a timely manner, it is permissible to submit Parts 1 and 3 with a note stating when and to whom Part 2 was given to the institution.**
- (2) Applications are accepted as follows: spring semesters: November 1 – January 7, summer semesters: March 15 – May 15, and fall semesters: June 15 – August 20.

Please send completed application to:  
Northern Virginia Community College – CT&SS  
Virginia Child Care Provider Scholarship Program  
6901 Sudley Road – MH – 4<sup>th</sup> Floor  
Manassas, VA 20109



*Note: We do not accept emailed or faxed applications.*

## **Announcement**

A statewide professional development system for child care providers is currently under development. It is known as T.R.A.V.E.L.S, Training Routes and Avenues for Virginia's Early Learning Success. One of the first steps in developing this system has been a review of the scholarship program and how it relates to the needs of the child care industry. Beginning with the Summer 2005 semester, all courses approved for payment through the Virginia Child Care Provider Scholarship Program (VCCPSP) will be **requirements** for a certificate or degree program in the early childhood education field. This practice will better guide providers through the career path while supporting the professionalization of the industry.

The approved course list is affected by this initiative. The following courses have been **added** to allow students to obtain a career studies certificate, advanced career studies certificate, or a one-year certificate in early childhood education. They are: Cardiopulmonary Resuscitation (HLT 105), First Aid and Safety (HLT 106), Inclusion in Infant and Toddler Programs (CHD 193), and College Success Skills (SVD 100).

The following courses have been **deleted** as they are not common or current requirements for the early childhood career study certificates at Virginia's Community Colleges. They are: Introduction to Child Care (CHD 110), Early Childhood Programs (CHD 216), Children's Libraries and Literature (CHD 116), Introduction to Reading Methods (CHD 117), School, and Social Change (CHD 216), Development of Care of Children (CHD 217), Play and Early Childhood Curriculum Development (CHD 240), Seminar Project (CHD 298), Child-Parent Communication Relations (SOC 216), Introduction to Education (EDU 100), Parent Education (EDU 155), and Introduction to Teaching as a Profession (EDU 200).

For those students who have completed all of the program approved course requirements for their certificate or degree program and remain eligible for the Program, the Department will consider additional course requests.

## **Eligibility Information**

It is the applicant's responsibility to be familiar with the requirements of the Scholarship Program as well as the requirements to be a child care provider in Virginia. **There are penalties when recipients do not use the scholarship or do not receive a passing grade.** The Department has designed two documents that provide program and employment information. They are the "**Virginia Child Care Provider Scholarship Program Overview**" and "**Eligibility for Employment in Child Care in Virginia.**" These documents can be obtained by: (1) using the VDSS website or (2) calling the Program's hotline.

## **Payment**

**THIS PROGRAM DOES NOT REIMBURSE COMMUNITY COLLEGE STUDENTS. THE DEPARTMENT DIRECTLY PAYS THE COLLEGES.** It is important that you apply in a timely manner so that a decision can be made on your scholarship request prior to your institution's registration and payment deadlines.

**If an applicant elects to pay for the course because he/she has not yet received a confirmation letter from this program, it is essential that the applicant contact the college about its reimbursement procedures.**

Please inform us if you receive federal assistance from another source, such as a Pell Grant, and therefore, will not be using this scholarship.

# VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM

Administered by

Northern Virginia Community College – CT&SS

## APPLICATION: PART 1 GENERAL INFORMATION

**Directions: The applicant completes this portion. Please complete all relevant sections.**

**1. Indicate the semester for which you are requesting a scholarship. Check the semester and fill in the year. APPLICATIONS WILL ONLY BE ACCEPTED DURING THE DESIGNATED DATES. The application periods are as follows:**

- ☐ FALL 20\_\_ (Application period: June 15 – August 20)  
☐ SPRING 20\_\_ (Application period: November 1 – January 7)  
☐ SUMMER 20\_\_ (Application period: March 15 – May 15)

### 2. PERSONAL INFORMATION

Full Legal Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current College Assigned Student Number \_\_\_\_\_

Previous College Assigned Student Numbers: \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Your highest educational level :** \_\_\_\_\_ did not complete high school  
\_\_\_\_\_ high school graduate/GED \_\_\_\_\_ career studies certificate  
\_\_\_\_\_ one year early childhood educ. certificate \_\_\_\_\_ associate degree  
\_\_\_\_\_ bachelor degree \_\_\_\_\_ master degree \_\_\_\_\_ doctorate degree  
\_\_\_\_\_ other (please list) \_\_\_\_\_

**Your tuition category:** \_\_\_\_\_ in-state \_\_\_\_\_ out-of-state or \_\_\_\_\_ contract

**Have you applied for a scholarship in the last six years?** \_\_\_\_\_ yes \_\_\_\_\_ no

### 3. EMPLOYMENT INFORMATION

**Are you currently employed in child care?** \_\_\_\_\_ yes \_\_\_\_\_ no

**If no, please provide us with a telephone number where you can be reached during the day and then skip to question 4.**

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

**If yes, complete subsections a. – d.**

#### YOUR INFORMATION

**a. How long have you worked in child care?**

\_\_\_\_\_ 0-2 years \_\_\_\_\_ 3-5 years \_\_\_\_\_ 6-9 years \_\_\_\_\_ 10+ years

**b. With what age groups do you work?:**

\_\_\_\_\_ Infants only (up to 16 mo.) \_\_\_\_\_ Toddlers only (16 mo.-2 yrs.)  
\_\_\_\_\_ Preschoolers only (2 yrs.-5 yrs.) \_\_\_\_\_ School-age only (5 yrs.-12 yrs.)  
Mixed: check all that apply \_\_\_\_\_ Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschoolers  
\_\_\_\_\_ School-agers

#### EMPLOYER INFORMATION

**c. Please indicate type of facility where you are employed:**

\_\_\_\_\_ Licensed Center \_\_\_\_\_ Religiously Exempt Center  
\_\_\_\_\_ School Education and Care Program \_\_\_\_\_ Certified Preschool  
\_\_\_\_\_ Licensed Head Start \_\_\_\_\_ Unlicensed Head Start  
\_\_\_\_\_ Licensed Family Home \_\_\_\_\_ Voluntarily Registered Family Home  
\_\_\_\_\_ Family Day System Home \_\_\_\_\_ Local DSS Approved Family Home  
\_\_\_\_\_ Unregulated Family Home \_\_\_\_\_ Other (please specify:) \_\_\_\_\_

**d. Child Care Program Information:**

Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### 4. COLLEGE OR UNIVERSITY SELECTION

**ALL STUDENTS COMPLETE THIS QUESTION**

**Below provide the name of the institution that you are planning to attend.** If you are requesting scholarships for two courses at two different institutions, please complete both lines below. A list of the approved institutions is contained on pages 2-3.

**Selected college or university:**

College 1: \_\_\_\_\_

College 2: \_\_\_\_\_

### 5. COURSE SELECTION

**a. COMPLETE THIS SECTION IF YOU ARE PLANNING TO ATTEND A PUBLIC COMMUNITY COLLEGE.**

**Below provide the course number(s) and title(s) of the courses for which you are requesting a scholarship. You may select up to two courses.**

Course 1: Number \_\_\_\_\_ Title \_\_\_\_\_

Course 2: Number \_\_\_\_\_ Title \_\_\_\_\_

**OR**

**b. COMPLETE THIS SECTION IF YOU ARE PLANNING TO ATTEND A PRIVATE OR PUBLIC COLLEGE OR UNIVERSITY OTHER THAN A COMMUNITY COLLEGE.**

**Below provide the number(s) and title(s) of the undergraduate course(s) for which you are requesting a scholarship and the equivalent community college course(s) listed on page 2 of this application.** (You may select up to two undergraduate courses.) A course will only be approved if it is **comparable** to an approved community college course. **You must submit a course description for the course(s) for which you are requesting a scholarship.**

**Requested course number and title :**

Course 1: Number \_\_\_\_\_ Title \_\_\_\_\_

Course 2: Number \_\_\_\_\_ Title \_\_\_\_\_

**Equivalent community college course number or title:**

Course 1: Number \_\_\_\_\_ Title \_\_\_\_\_

Course 2: Number \_\_\_\_\_ Title \_\_\_\_\_

**Please attach a copy of a college/university document such as the catalog or registration information that contains a course description for the course(s) for which you are requesting a scholarship.**

**Requested course description attached** \_\_\_\_\_ yes \_\_\_\_\_ no

**6. Please read and sign the statement below.**

**My signature declares under penalty of perjury that all information provided is complete and true. I have read and understand the information regarding my eligibility to participate in this Program and qualifications to be employed in child care in Virginia. I give my permission for the college/university to release my grade(s) to the Northern Virginia Community College (NVCC) and for NVCC to share relevant information pertaining to my request with VDSS and the selected institution. I agree to participate in providing any additional information to NVCC that is required of scholarship recipients.**

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**OVER →**

## APPROVED COMMUNITY COLLEGE COURSES

**THERE HAVE BEEN SOME SIGNIFICANT CHANGES TO APPROVED COURSES. ONLY THOSE COURSES LISTED BELOW ARE CURRENTLY APPROVED FOR THIS PROGRAM.**

- Introduction to Early Childhood Education (CHD 120)
- Introduction to School-Age Child Care (CHD 220)
- Introduction to Exceptional Children (CHD 210)
- Language Arts for Children (CHD 118)
- Infant and Toddler Programs (CHD 166)
- Inclusion in Infant & Toddler Programs (CHD 193)
- Guiding the Behavior of Children (CHD 205)
- Behavior Management for School-Age Child Care (CHD 230)
- Administration of Child Care Programs (CHD 270)
- Childhood Education Development I (CHD 121)
- Childhood Education Development II (CHD 122)
- Models of Early Childhood Education Programs (CHD 215)
- Curriculum Development for School-Age Child Care (CHD 225)

**The following are approved, but the scholarship program will only pay for one from each category:**

### **Safety:**

First Aid & Cardiopulmonary Resuscitation (HLT 100), **OR**  
Cardiopulmonary Resuscitation (HLT105) and First Aid & Safety (HLT106)

### **Health:**

Child Health and Nutrition (HLT 135) **OR**  
Health, Safety, and Nutrition Education (EDU 235) **OR**  
Health and Recreation for School-Age Child Care (CHD 235)

### **Psychology:**

Child Care Psychology (PSY 135) **OR**  
Child Psychology (PSY 235)

### **Science and Math:**

Science and Math Concepts for Children (CHD 126) **OR**  
Math, Science, and Social Studies for Children (CHD146)

**The following are approved, but the Scholarship Program will only pay for two from each category:**

**Activities: You may select up to two courses from this category.**

Music and Movement for Children (CHD 109) **OR**  
Creative Activities for Children (CHD 125), **OR**  
Teaching Art, Music, and Movement to Children (CHD145)

**Practicum: You may select up to two courses from this category.**

Coordinated Practice (CHD 190) **OR**  
Coordinated Practice I-III (CHD 290) **OR**  
Observation & Participation in Early Childhood Settings (CHD 165) **OR**  
Adv. Observation & Participation in Early Childhood Settings (CHD 265)

**For persons who are pursuing a career studies certificate, advanced career studies certificate, or a one-year certificate in a child care program, the following additional courses are approved:**

- Principles of Accounting I (ACC 211),
- Principles of Management (BUS 200),
- College Success Skills (SVD 100)
- Techniques and Observations in Early Education (EDU 160),
- Children's Literature (ENG 150)
- Introduction to Speech Communication (SPD 110)
- Intercultural Communication (SPD 229)

## PUBLIC: COMMUNITY COLLEGES

Blue Ridge Community College  
Central Virginia Community College  
Dabney S. Lancaster Community College  
Danville Community College  
Eastern Shore Community College  
Germanna Community College  
J. Sargeant Reynolds Community College  
John Tyler Community College  
Lord Fairfax Community College  
Mountain Empire Community College  
New River Community College  
Northern Virginia Community College  
Patrick Henry Community College  
Paul D. Camp Community College  
Piedmont Virginia Community College  
Rappahannock Community College  
Southside Virginia Community College  
Southwest Virginia Community College  
Thomas Nelson Community College  
Tidewater Community College  
Virginia Highlands Community College  
Virginia Western Community College  
Wytheville Community College

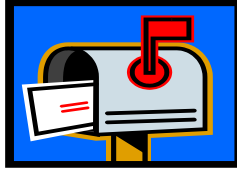
## PUBLIC: TWO-YEAR AND FOUR-YEAR INSTITUTIONS

Christopher Newport University  
College of William and Mary  
George Mason University  
James Madison University  
Longwood College  
Mary Washington College  
Norfolk State University  
Old Dominion University  
Radford University  
Richard Bland College  
University of Virginia  
University of Virginia at Wise  
Virginia Commonwealth University  
Virginia Polytechnic Institute and State University  
Virginia State University

## PRIVATE: NOT-FOR-PROFIT AND FOR-PROFIT INSTITUTIONS

Averett College	Bluefield College
Bridgewater College	Eastern Mennonite University
Emory and Henry College	Ferrum College
Hampden-Sydney College	Hampton University
Hollins University	Liberty University
Lynchburg College	Mary Baldwin College
Marymount University	Patrick Henry College
Randolph-Macon College	Randolph-Macon Women's Coll.
Roanoke College	Saint Paul's College
Shenandoah University	Southern Virginia College
Sweet Briar College	Tidewater Tech
University of Management & Tech.	University of Northern Virginia
University of Richmond	Virginia Interment College
Virginia Union University	Virginia University of Lynchburg
Virginia Wesleyan College	Washington and Lee University





**Please send completed application to:**

**Northern Virginia Community College – CT&SS  
Virginia Child Care Provider Scholarship Program  
6901 Sudley Road  
Manassas, VA 20109**

**It is highly recommended that you mail your application no less than 3 weeks prior to the registration deadline at your institution.** This should allow sufficient time for NVCC to receive and process your application. Applications are processed in the order in which they are received. This practice does not allow for applications to be processed out of order. Therefore, you need to allow for peak volume periods.

### **Inquiries about the Status of An Application**

Most applications are processed within seven to ten days of receipt, which means that applicants should receive notification within 21 days of mailing their applications. Generally, we ask that applicants allow a minimum of 21 days from the date the application form was mailed before inquiring about the status of the application. This will help expedite the application process for everyone. One exception to this practice is when the application is mailed less than 21 days prior to the application period's deadline date.



# VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM

Administered by  
Northern Virginia Community College

## APPLICATION: PART 2 VERIFICATION OF COURSE SELECTION, "DOMICILE" RESIDENCY, AND TUITION RATE CATEGORY

### Directions for completion:

**APPLICANT:** Please take this form to the college/university that you plan to attend. A representative of the college/university must complete this form. In order to be considered for a scholarship, you must submit all three parts of the application. It is preferable to submit all three parts together; however, it is permissible to submit Parts 1 and 3 simultaneously with a note stating when and to whom Part 2 was provided to the college/university.

**COLLEGE/UNIVERSITY STAFF:** Please complete this form and return it to the student within five days of the request so that he/she may submit it with his/her application. This form must be signed by a representative of the college/university and exhibit an embossed institution's seal. **ALL RELEVANT SECTIONS OF PART 2 MUST BE COMPLETED ON ALL APPLICANTS.**

Student's Name \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_  
College-Assigned Student Number \_\_\_\_\_ Name of Institution \_\_\_\_\_

### I. COURSE SELECTION

**This section MUST be completed for ALL students.**

The student indicated above is requesting a scholarship for the course(s) listed below.

Course 1: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Course 2: \_\_\_\_\_ Credit Hours \_\_\_\_\_

By your signature you are verifying that the indicated course(s) is (are) being offered during the \_\_\_\_ Fall 200 \_\_\_\_, \_\_\_\_ Spring 200 \_\_\_\_, or \_\_\_\_ Summer 200 \_\_\_\_ semester. (Please only verify for one semester.)

Date: \_\_\_\_\_ Signature(CollegeRepresentative): \_\_\_\_\_

Title of Verifier: \_\_\_\_\_ Printed Name of Verifier: \_\_\_\_\_

### II. DOMICILE STATUS

**This section needs to be completed only for students who are not currently employed in a child care program located in Virginia. These students consist of those who are declaring their intent to become employed in child care as indicated in Part 3 of this application AND those that are employed in child care outside of the Commonwealth of Virginia.**

The student indicated above has been determined by \_\_\_\_\_ (Name of Institution) to be "domiciled in Virginia" in accordance with § 23-7.4 of the *Code of Virginia* and is therefore eligible for in-state tuition rates. To certify this status, I am signing below and applying the institution's seal.

Date: \_\_\_\_\_ Signature(CollegeRepresentative): \_\_\_\_\_

Title of Verifier: \_\_\_\_\_ Printed Name of Verifier: \_\_\_\_\_

### III. TUITION RATE CATEGORY

**This section will be used to process applications and bills. This is a required section for all students who are not eligible for in-state tuition. It is optional for all other students.**

The student indicated above has been determined by \_\_\_\_\_ (Name of Institution) to be eligible for: (please check one) \_\_\_\_ in-state tuition rate, \_\_\_\_ out-of-state rate, or \_\_\_\_ contract rate. To certify this statement, I am signing below and applying the institution's seal.

Date: \_\_\_\_\_ Signature(CollegeRepresentative): \_\_\_\_\_

Title of Verifier: \_\_\_\_\_ Printed Name of Verifier: \_\_\_\_\_

**Apply Institution's Seal Here**

# VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM

Administered by  
Northern Virginia Community College

## APPLICATION: PART 3 VERIFICATION OF EMPLOYMENT OR INTENT TO BECOME EMPLOYED

### **Purpose:**

The purpose of this form is to verify the applicant's employment in child care or intent to become employed in child care. Child care is defined as a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period. Child care includes care within or outside of the child's home. Child care does not include the education of or provision of services to any school-age children or any preschool children receiving special education services by public or private school personnel during the instructional part of the day when school is in session.

### **Directions for Completion:**

In order to be eligible for the Virginia Child Care Provider Scholarship Program, an applicant **must be part of one of the four groups listed on this form.** NOTE: This part contains four sections. An applicant must **locate the section that pertains to him/her and complete and submit the requirements for that section.** This portion of the application must accompany Part 1 and preferably, Part 2 in order for the Department to consider the application. This form must be either notarized and include the notary's seal OR contain other comparable verification as outlined in each section.

GROUP	SECTION TO COMPLETE
Employee of a child care center, before or after school program, or education and care program offered by a school system	Section I
Employee of a family day home	Section II
Self-employed family day home owner/operator	Section III
Not currently employed in child care	Section IV

### **Certifiers/Verifiers:**

You are immune from liability should you certify/verify what you believe is accurate information as long as you do not willfully and intentionally provide false information.

### **NOTE:**

Some of the verifying documents will contain income information. It is permissible to remove the income amount from the document. The interest lies with the verification of the income source and not the amount.



**I. PERSONS EMPLOYED IN CHILD CARE CENTERS, BEFORE OR AFTER SCHOOL PROGRAMS, OR EDUCATION AND CARE PROGRAMS OPERATED BY SCHOOL SYSTEMS:**

*This section is to be completed by the program director/principal or his/her designee on behalf of the employee.*

**Applicant's Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **College-Assigned Student Number** \_\_\_\_\_

I, \_\_\_\_\_, (Program Director/Principal) am verifying that \_\_\_\_\_  
\_\_\_\_\_(Employee) is currently an employee of \_\_\_\_\_ program or  
school that is physically located in city/county of \_\_\_\_\_ in the state of \_\_\_\_\_  
and has been employed with this program for \_\_\_\_\_ years. My signature declares under penalty of perjury that all  
information provided is complete and true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Program Director/Principal or Designee)

Title of Verifier: \_\_\_\_\_ Printed Name of Verifier: \_\_\_\_\_

**Verification of status is provided as indicated below.**

**CHECK ONE:**

- ☐ 1. Copy of document(s) verifying applicant's employment. THE DOCUMENT(S) MUST DISPLAY THE APPLICANT'S NAME, ADDRESS OR SOCIAL SECURITY NUMBER, AND THE PROGRAM'S NAME AND ADDRESS. *Acceptable documents include a copy of:*
- *the applicant's recent pay check or pay stub,*
  - *the facility's current license from the Virginia Department of Social Services,*
  - *the facility's current business license or approval from a local government,*
  - *the facility's current certification by a provider organization, or*
  - *documentation from the school system or the state for an education and care program.*
- You must attach a copy of the verifying document(s).**

**OR**

- ☐ 2. Notarized statement from a notary who can substantiate the applicant's employment in stated facility.

**NOTE: If you are submitting the acceptable document(s) indicated in #1 above, it is not necessary for you to have a notary complete this section.**

**VERIFICATION BY NOTARY**

City/County of \_\_\_\_\_, State of \_\_\_\_\_

I have acknowledged the identity of the applicant listed above and have substantiated that he/she is an employee of the  
stated facility this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

Printed Name of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Apply Notary's Seal Here**



## II. PERSONS EMPLOYED IN FAMILY DAY HOMES:

*This section is for employment verification of employees of family day homes, not for the owners and operators. Family day home owners and operators should complete Section III. This section is to be completed by the family day home operator and notary, when applicable.*

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ College-Assigned Student Number \_\_\_\_\_

I, \_\_\_\_\_, (Owner/Operator) am verifying that \_\_\_\_\_ (Employee) is currently an employee of \_\_\_\_\_ program/home that is physically located in city/county of \_\_\_\_\_ in the state of \_\_\_\_\_ and has been employed with this program for \_\_\_\_\_ years. My signature declares under penalty of perjury that all information provided is complete and true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Family Day Home Program Operator)

Printed Name of Family Day Home Program Operator: \_\_\_\_\_

**Verification of status is provided as indicated below.**

### **CHECK ONE:**

- ☐ 1. Copy of document(s) verifying applicant's employment. THE DOCUMENT(S) MUST DISPLAY THE APPLICANT'S NAME, ADDRESS OR SOCIAL SECURITY NUMBER, AND THE FACILITY'S NAME AND ADDRESS. *Acceptable documents include a copy of:*
- the applicant's recent pay check or pay stub,
  - the facility's current license from the Virginia Department of Social Services,
  - the facility's current business license or approval from a local government,
  - the facility's current certificate from a voluntary registered family day home,
  - current approval from a family day home system, or
  - the facility's current certification by a provider organization.

**You must attach a copy of the verifying document(s).**

**OR**

- ☐ 2. Notarized statement from a notary who can substantiate the applicant's employment in stated facility.

**NOTE: If you are submitting the acceptable document(s) indicated in #1 above, it is not necessary for you to have a notary complete this section.**

### **VERIFICATION BY NOTARY**

City/County of \_\_\_\_\_, State of \_\_\_\_\_

I have acknowledged the identity of the applicant listed above and have substantiated that he/she is an employee of the stated child care program this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

Printed Name of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Apply Notary's Seal Here**

**III. PERSONS WHO ARE SELF-EMPLOYED FAMILY DAY HOME OWNERS/OPERATORS:**  
*This section is to be completed by the family day home owner/operator and a notary or institutional representative, when applicable.*

Applicant's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ College-Assigned Student Number \_\_\_\_\_

I, \_\_\_\_\_, am certifying that I am a self-employed owner/operator of \_\_\_\_\_  
\_\_\_\_\_ Family Day Home that is physically located in the city/county of \_\_\_\_\_

in the state of \_\_\_\_\_ and have been in this position for \_\_\_\_\_ years.

My signature declares under penalty of perjury that all information provided is complete and true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Family Day Home Operator)

**Verification of existence of business is provided as indicated below.**

**CHECK ONE:**

- ☐ 1. Copy of document(s) verifying applicant's business operation. THE DOCUMENT(S) MUST DISPLAY THE PROGRAM'S NAME, ADDRESS, AND BUSINESS OWNER. *Acceptable documents include a copy of:*
- the program's current license from the Virginia Department of Social Services,
  - current business license or approval from a local government,
  - current certificate from a voluntary registered family day home,
  - current approval from a family day home system, or
  - current certification by a provider organization.

**You must attach a copy of the verifying document(s).**

**OR**

- ☐ 2. Notarized statement from a notary or official statement from a college/university representative who can substantiate the applicant's business operation.

**NOTE: If you choose option 1, it is not necessary for you to have a notary or institutional representative complete this section. If you select option 2, only one of the two sections below is required.**

**VERIFICATION BY NOTARY**

City/County of \_\_\_\_\_, State of \_\_\_\_\_

The foregoing statement was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public) **Apply Notary's Seal Here**

Printed Name of Notary: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**VERIFICATION BY INSTITUTIONAL REPRESENTATIVE**

I, \_\_\_\_\_, based on my review of documents or direct observation of the said child care program am certifying that the applicant, \_\_\_\_\_, operates a family day home business. My signature declares under penalty of perjury that all information provided is complete and true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Certifier)

Title of Certifier \_\_\_\_\_ Printed Name of Certifier: \_\_\_\_\_  
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**IV. PERSONS WHO ARE NOT CURRENTLY EMPLOYED, BUT WHO INTEND TO BECOME EMPLOYED IN CHILD CARE**

*This section is to be completed by the applicant and person certifying the applicant's intent. Acceptable certifiers are college/university professors, prospective employers, or notaries.*

**Applicant's Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **College-Assigned Student Number** \_\_\_\_\_

I, \_\_\_\_\_, by signing below am declaring my intent to enter the field of child care.

My signature declares under penalty of perjury that this statement is complete and true.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**Verification of intent is provided as indicated below.**

**CHECK ONE:**

- ☐ 1. Certification by a Notary who can attest to the applicant's intent to become a child care provider.

**OR**

- ☐ 2. Official statement from a college/university representative or prospective employer who can attest to the applicant's intent to become a child care provider.

**NOTE: COMPLETION OF ONLY ONE OF THE TWO SECTIONS BELOW IS REQUIRED.**

**CERTIFICATION BY NOTARY**

City/County of \_\_\_\_\_, State of \_\_\_\_\_

The foregoing statement was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public) **Apply Notary's Seal Here**

Printed Name of Notary: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**CERTIFICATION BY INSTITUTIONAL REPRESENTATIVE OR PROSPECTIVE EMPLOYER**

I, \_\_\_\_\_ am certifying that the applicant, \_\_\_\_\_, has informed me that he/she intends to become a child care provider. My signature declares under penalty of perjury that all information provided is complete and true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Certifier)

Title of Certifier \_\_\_\_\_ Printed Name: of Certifier \_\_\_\_\_

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